FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
NAME OF COMMITTEE (in f	full) (Check if name Example: If typying, type over the lines	12FE4M5
TEXTRON INC	. POLITICAL ACTION COMMITTEE	
ADDRESS (number and s	street) 40 WESTMINSTER STREET	
(Check if address is changed)		
	PROVIDENCE	RI 02903 - 1111
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	mfontaine@textron.com	
(Check if address is changed) 2. DATE M M M 0.3		
3. FEC IDENTIFICA	TION NUMBER C C00123612	1
4. IS THIS STATEM	NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct an	nd complete
Type or Print Name of	Treasurer Keith Watson	
Signature of Treasurer	Electronically Filed by Keith Watson	Date 03 / 20 / Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	